

FORM NO. 8

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY. WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

N. B. McCaw, of Columbia.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
Abbeville		STATE OF SOUTH CAROLINA.		2468	
Inc. Town of	Abbeville	Registration District No.	1-A	Registered No.	89
or	Abbeville	(No.)	mill Hill	St.	3
City of	(If birth occurs in a hospital or other institution, give name of same instead of street and number.)				
(2) Full Name of Child				If child is not yet named, make supplemental report as directed	
Charles H. H. H.					
(3) BOY OR GIRL?	Boy	(4) Twin or Triplet?	0	(5) Number in order of birth	3
To be answered only in case of Twins or Triplets.					
FATHER.			MOTHER.		
(8) FULL NAME	Geo Ralph H. H.		(14) NAME BEFORE MARRIAGE	Metta Pearl H. H.	
(9) PRESENT POSTOFFICE OF FATHER	Abbeville		(15) PRESENT POSTOFFICE OF MOTHER	Abbeville	
(10) COLOR OR RACE	White	(11) AGE AT LAST BIRTHDAY	23	(16) COLOR OR RACE	White
		(Years)		(17) AGE AT LAST BIRTHDAY	
				22	
				(Years)	
(12) BIRTHPLACE	N.C.		(18) BIRTHPLACE	Abbeville	
(13) OCCUPATION	Mill work		(19) OCCUPATION	Mill work	
(20) Number of children born to mother, including present birth	3		(21) Number of children of this mother now living, including present birth	3	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was born at 5:30 A.M. on the date above stated.					
(23) (Signature) [Signature]					
(24) State whether Physician or Midwife					
(25) Address of Physician or Midwife					
Physic					
Abbeville					
Given name added from a supplemental report					
191					
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)					
(27) Filed Feb. 3rd 1915 (28) [Signature] Local Registrar					
Registrar					
Local Registrar					

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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